


UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case 02-CA-281740	Date Filed August 20, 2021

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.


1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT			
a. Name of Employer White Plains Hospital		b. Tel. No. 914-681-2025	
		c. Cell No.	
		f. Fax No. 914-681-2095	
d. Address (Street, city, state, and ZIP code) 41 E. Post Road White Plains, NY 10601		e. Employer Representative Diane M. Woolley, SVP, CHR	
		g. e-mail dwoolley@wphospital.org	
		h. Number of workers employed 400	
i. Type of Establishment (factory, mine, wholesaler, etc.) Hospital		j. Identify principal product or service Health Care	
<p>The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.</p>			
<p>2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)</p> <p>Since a date within six (6) months of the filing of this charge, the above-named employer has violated the Act by unilaterally changing bargaining unit employees' terms and conditions of employment, including employees' shifts, staffing and scheduling, and bypassing the union and dealing directly with bargaining unit employees concerning proposed and actual changes to terms and conditions of employment.</p>			
3. Full name of party filing charge (if labor organization, give full name, including local name and number) 1199SEIU United Healthcare Workers East			
4a. Address (Street and number, city, state, and ZIP code) 498 7th Ave., New York, NY 10081		4b. Tel. No. 212-627-8100	
		4c. Cell No. 917-843-7382	
		4d. Fax No.	
		4e. e-mail klehmann@levyratner.com	
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) Service Employees International Union			
<p>6. DECLARATION</p> <p>I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.</p> <p> (signature of representative or person making charge)</p> <p>Kimberly Lehmann, Attorney (Print/type name and title or office, if any)</p>		<p>Tel. No. 212-627-8100</p> <p>Office, if any, Cell No.</p> <p>Fax No. 212-627-8182</p> <p>e-mail klehmann@levyratner.com</p>	
<p>Levy Ratner, PC, 80 8th Ave, 8th Fl, New York, NY Address 10011</p>		<p>Date 08/20/2021</p>	

**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

INTERNET
FORM NLRB-501
(2-08)UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
**AMENDED CHARGE AGAINST
EMPLOYER****DO NOT WRITE IN THIS SPACE**Case
02-CA-281740Date Filed
11-24-21**INSTRUCTIONS:**

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer White Plains Hospital	b. Tel. No. 914-681-2025
	c. Cell No.
	f. Fax No. 914-681-2095
d. Address (Street, city, state, and ZIP code) 41 E. Post Road White Plains, NY 10601	e. Employer Representative Diane M. Woolley, SVP, CHR
	g. e-Mail dwoolley@wphospital.org
	h. Number of workers employed 400
i. Type of Establishment (factory, mine, wholesaler, etc.) Hospital	j. Identify principal product or service Healthcare
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (3) and (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.	
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)	
Since a date within six (6) months of the filing of this charge, the above-named Employer has violated the Act by (1) unilaterally changing bargaining unit employees' terms and conditions of employment, including employees' shifts, staffing and scheduling, and bypassing the union and dealing directly with bargaining unit employees concerning proposed and actual changes to terms and conditions of employment; (2) unlawfully discriminating against employees when it changed working conditions and increased their workload by changing shifts, staffing, scheduling and eliminating support positions and (3) failing to give notice to the Union and an opportunity to negotiate over the effects of eliminating support positions.	
3. Full name of party filing charge (if labor organization, give full name, including local name and number) 1199SEIU United Healthcare Workers East	
4a. Address (Street and number, city, state, and ZIP code) 1199SEIU 498 7th Avenue New York, NY 10081	4b. Tel. No. 212-627-8100
	4c. Cell No.
	4d. Fax No.
	4e. e-Mail
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) Service Employees International Union	
6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.	
By  (signature of representative or person making charge)	Micah Wissinger (Print/type name and title or office, if any)
Address Levy Ratner, P.C. 80 8th Ave, 8th Floor, NY, NY 10011	
11/24/21 (date)	
Tel. No. 212-627-8100	
Office, if any, Cell No.	
Fax No. 212-627-8182	
e-Mail mwissinger@levyratner.com	

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